

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 24

COVER PAGE

| | | | | | |
|---|--|---|-----------------------|--|--------|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | |
| Foxx For Senate | | | | <input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | |
| 3. TREASURER NAME | | | | | |
| First Carol | | MI R. | Last Censki | | Suffix |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 16 Hoover Ln | | City Enfield | State CT | Zip Code 06082 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | 7. DISTRICT NUMBER (if applicable) | |
| 11/04/2014 | | State Senator | | S007 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First John | | MI C | Last Foxx | | Suffix |
| 9. TYPE OF REPORT | | | | | |
| October 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date Ending Date | | | | | |
| 07/01/2014 thru 09/30/2014 | | | | | |
| 11. CERTIFICATION | | | | | |
| <input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | | Carol Censki | | 10/10/2014 7:34:11PM | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | DATE CERTIFIED | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE | TYPE OF REPORT | |
|--|------------------------------|-----------------------|
| Foxx For Senate | October 10 Filing - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$1,035.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$5,597.00 | \$6,632.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$5,597.00 | \$6,632.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$6,632.00 | \$6,632.00 |
| 20. Expenses Paid by Committee (Section N) | \$1,543.63 | \$1,543.63 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$5,088.37 | \$5,088.37 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$75.00 | \$75.00 |
| 23. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 24. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 25. Receipts of Organization Expenditures (Section M) OPTIONAL | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$3,843.18 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$114,222.46 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| Foxx For Senate | | October 10 Filing - Original | |
| A. Total Contributions from Small Contributors-Received this Period ONLY | | For Nonparticipating Candidates ONLY | |
| | | \$3,357.00 | |
| B. Itemized Contributions from Individuals | | | |

| | | | | | |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name Fiore | | First Lewis | | MI | Contribution ID # 0122 |
| Residential Street Address 14 Cartier Rd | | City Enfield | | State CT | Zip Code 06082-2506 |
| Principal Occupation retired | | Name of Employer retired | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 07/11/2014 | Aggregate Contributions \$30.00 | \$30.00 |

| | | | | | |
|--|--|---|-----------------------------|-----------------------------------|---------------------------|
| Last Name Hornish | | First Neil | | MI | Contribution ID # 0149 |
| Residential Street Address 53 Whitman Dr | | City Granby | | State CT | Zip Code 06035-2712 |
| Principal Occupation Mechanical Engineer | | Name of Employer United Technologies | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/18/2014 | Aggregate Contributions \$5.00 | \$5.00 |

| | | | | | |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name Doering | | First Joseph | | MI M | Contribution ID # 0106 |
| Residential Street Address 108 Peak Mountain Dr | | City East Granby | | State CT | Zip Code 06026-9592 |
| Principal Occupation Computer Salvage and Repair | | Name of Employer Owner | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/18/2014 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Sayers | | First Margaret | | MI | Contribution ID # 0235 |
| Residential Street Address 81 Spring St | | City Windsor Locks | | State CT | Zip Code 06096-2228 |
| Principal Occupation Information Requested | | Name of Employer Information Requested | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/18/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Torres | | First Mary | | MI | Contribution ID # 0262 |
| Residential Street Address 1634 Rancho Guadalupe Trl NW | | City Albuquerque | | State NM | Zip Code 87107-3370 |
| Principal Occupation Attorney | | Name of Employer Beall and biehler | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 07/22/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Chavez | | First John | | MI | Contribution ID # 0078 |
| Residential Street Address 1634 Rancho Guadalupe Trl NW | | City Albuquerque | | State NM | Zip Code 87107-3370 |
| Principal Occupation Cfo | | Name of Employer Alvarado realty | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 07/22/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name Fiore | | First Lewis | | MI | Contribution ID # 0123 |
| Residential Street Address 14 Cartier Rd | | City Enfield | | State CT | Zip Code 06082-2506 |
| Principal Occupation retired | | Name of Employer retired | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/24/2014 | Aggregate Contributions \$55.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name Davis | | First Elizabeth | | MI | Contribution ID # 0097 |
| Residential Street Address 201 N Maple St | | City Enfield | | State CT | Zip Code 06082-2307 |
| Principal Occupation Information Requested | | Name of Employer Information Requested | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/29/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name Cunningham | | First Neal | | MI | Contribution ID # 0088 |
| Residential Street Address 61 Pershing Rd | | City Windsor Locks | | State CT | Zip Code 06096-2122 |
| Principal Occupation Systems Manager | | Name of Employer Bes-Cut Ins | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/30/2014 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | | |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name Hornish | | First Neil | | MI | Contribution ID # 0150 |
| Residential Street Address 53 Whitman Dr | | City Granby | | State CT | Zip Code 06035-2712 |
| Principal Occupation Mechanical Engineer | | Name of Employer United Technologies | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/31/2014 | Aggregate Contributions \$55.00 | \$50.00 |

| | | | | | |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name Hornish | | First Annie | | MI | Contribution ID # 0148 |
| Residential Street Address 53 Whitman Dr | | City Granby | | State CT | Zip Code 06035-2712 |
| Principal Occupation Connecticut State Director | | Name of Employer The Human Society of United States | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 07/31/2014 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name Cunningham | | First Neal | | MI | Contribution ID # 0089 |
| Residential Street Address 61 Pershing Rd | | City Windsor Locks | | State CT | Zip Code 06096-2122 |
| Principal Occupation Systems Manager | | Name of Employer Bes-Cut Ins | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 08112014a | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 08/11/2014 | Aggregate Contributions \$75.00 | \$50.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Doering | | First Joseph | | MI M | Contribution ID # 0107 |
| Residential Street Address 108 Peak Mountain Dr | | City East Granby | | State CT | Zip Code 06026-9592 |
| Principal Occupation Computer Salvage and Repair | | Name of Employer Owner | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 08112014a | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 08/11/2014 | Aggregate Contributions \$100.00 | \$50.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Reilly | | First Aileen | | MI | Contribution ID # 0224 |
| Residential Street Address 328 Bridge Plz N Apt 5A | | City Fort Lee | | State NJ | Zip Code 07024-5014 |
| Principal Occupation Human Resources Manager | | Name of Employer Baker Hostetler | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 08/25/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name Russell | | First Roger | | MI C | Contribution ID # 0230 |
| Residential Street Address 40 Conlin Dr | | City Enfield | | State CT | Zip Code 06082-5020 |
| Principal Occupation Electrical contractor | | Name of Employer Russell Electric | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 08282014a | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 08/28/2014 | Aggregate Contributions \$95.00 | \$95.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Shambo | | First Katherine | | MI | Contribution ID # 0240 |
| Residential Street Address 3 Wilstar Cir | | City Enfield | | State CT | Zip Code 06082-4607 |
| Principal Occupation Nurse | | Name of Employer Baystate | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 08282014a | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 08/28/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name Fiore | | First Deborah | | MI | Contribution ID # 0120 |
| Residential Street Address 14 Cartier Rd | | City Enfield | | State CT | Zip Code 06082-2506 |
| Principal Occupation Accounting Analyst | | Name of Employer Hallmark Cards | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 08282014a | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 08/28/2014 | Aggregate Contributions \$40.00 | \$40.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Mancuso | | First Jack | | MI | Contribution ID # 0191 |
| Residential Street Address 5 Franklin St | | City Enfield | | State CT | Zip Code 06082-3607 |
| Principal Occupation consultant | | Name of Employer rgp | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 08/31/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name Fiore | | First Deborah | | MI | Contribution ID # 0121 |
| Residential Street Address 14 Cartier Rd | | City Enfield | | State CT | Zip Code 06082-2506 |
| Principal Occupation Information Requested | | Name of Employer Information Requested | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/03/2014 | Aggregate Contributions \$80.00 | \$40.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name Malloy | | First Michael | | MI | Contribution ID # 0188 |
| Residential Street Address 149 Spoonville Rd | | City East Granby | | State CT | Zip Code 06026-9614 |
| Principal Occupation Information Requested | | Name of Employer Information Requested | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/05/2014 | Aggregate Contributions \$80.00 | \$80.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Bonner | | First Lisa | | MI E | Contribution ID # 0055 |
| Residential Street Address 37 Wainscot Ln | | City Suffield | | State CT | Zip Code 06078-3010 |
| Principal Occupation Change Leader | | Name of Employer Cigna | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/05/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Malloy | | First Shazeeda | | MI | Contribution ID # 0190 |
| Residential Street Address 835 Mather St | | City Suffield | | State CT | Zip Code 06078-2605 |
| Principal Occupation M-Framing | | Name of Employer Self employed | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/05/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Killeen | | First Mary Ellen | | MI | Contribution ID # 0161 |
| Residential Street Address 33 Spring Garden Rd | | City Enfield | | State CT | Zip Code 06082-3037 |
| Principal Occupation Retired | | Name of Employer Retired | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/08/2014 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Cardone | | First John | | MI J | Contribution ID # 0069 |
| Residential Street Address 46 Dogwood Ln | | City Agawam | | State MA | Zip Code 01001-3643 |
| Principal Occupation Information Requested | | Name of Employer Retired | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/08/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Cardone | | First Sylvia | | MI | Contribution ID # 0070 |
| Residential Street Address 46 Dogwood Ln | | City Agawam | | State MA | Zip Code 01001-3643 |
| Principal Occupation Information Requested | | Name of Employer Information Requested | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/08/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Fagan | | First Kevin | | MI | Contribution ID # 0119 |
| Residential Street Address 119 Inverness Ln | | City Longmeadow | | State MA | Zip Code 01106-2819 |
| Principal Occupation Trucking Company Owner | | Name of Employer Self employed | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/17/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name Ford | | First David | | MI M | Contribution ID # 0126 |
| Residential Street Address 205 Reverknolls | | City Avon | | State CT | Zip Code 06001-2054 |
| Principal Occupation Owner | | Name of Employer Directory Assistance | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/27/2014 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name Virherman | | First Zhanna | | MI | Contribution ID # 0267 |
| Residential Street Address 893 Farmington Ave | | City West Hartford | | State CT | Zip Code 06119-1445 |
| Principal Occupation Asset Manager | | Name of Employer Albemaile Equities | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/27/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name Gerrantana | | First Frank | | MI L | Contribution ID # 0137 |
| Residential Street Address 632 Massachusetts Ave , Appt. #214 | | City Cambridge | | State MA | Zip Code 02139-3327 |
| Principal Occupation Attorney | | Name of Employer Fish & Richardson | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 09/29/2014 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|--|--|--|--|-------------------|
| Total of Section B | | | | \$2,240.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14 of Summary Page) | | | | \$5,597.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

C1. Contributions from Other Committees

| | | | | | |
|-------------------|-------|----------|--|-------------------------|------------------------|
| Name of Committee | | | Name of Treasurer | | |
| Address | | | Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event # | | Amount of Contribution |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| |
|----------------------------|
| Total of Section C1 |
|----------------------------|

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|---|-------|----------|--|------------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Foxx For Senate | | | | October 10 Filing - Original | |
| C2. Reimbursements, Payments, or Surplus Distributions from other Committees | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Address | | | Date Received | | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | | |
| Total of Section C2 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|------|-----------------|-----------|--|-----------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Foxx For Senate | | | | October 10 Filing - Original | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | Source of Loan: | | | Date of Receipt |
| | | Bank | Candidate | Individual | Other |
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? | |
| | | | | Yes | No |
| Name of Cosigner/Guarantor (if applicable) | | | | Amount Received | |
| Street Address | City | State | Zip Code | | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------------|----------------|-------------------|------------------------------|--|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Foxx For Senate | | | | October 10 Filing - Original | |
| E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) | | | | | |
| Date of Receipt | Method of Payment | | | Amount | |
| | Cash | Personal Check | Credit/Debit Card | | |
| Total of Section E | | | | | |

I. Monetary Receipts (Section A-I)

| | | | | |
|---|--|------|------------------------------|----------|
| NAME OF COMMITTEE | | | TYPE OF REPORT | |
| Foxx For Senate | | | October 10 Filing - Original | |
| G. Interest from Deposits in Authorized Accounts | | | | |
| Name of Institution | | | Date Received | |
| Street Address | | City | State | Zip Code |
| Total of Section G | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | |
|--|------------------|--------------|------------------------------|------------------|
| NAME OF COMMITTEE | | | TYPE OF REPORT | |
| Foxx For Senate | | | October 10 Filing - Original | |
| H. Public Grant Funds Received from the Citizens' Election Fund | | | | |
| Purpose of Grant: | | Grant Cycle: | | Date Received |
| Initial | Grant Adjustment | Primary | General Election | Special Election |
| Supplemental/Post Election Deficit | | | | |
| Total of Section H | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | |
|--|--|------|------------------------------|-----------------|
| NAME OF COMMITTEE | | | TYPE OF REPORT | |
| Foxx For Senate | | | October 10 Filing - Original | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | |
| Name | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |
| Description | | | | Amount Received |
| Total of Section I | | | | |

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

J1. Fundraising Event Information

| | | |
|--|--------------------|--|
| Fundraising Event # Date of Fundraiser 08/11/2014 | Letter a | Description Meet and Greet Event |
| Location: Street Address 55 Palasdio | | City Windsor |
| | | State CT |
| | | Zip Code 06095 |
| Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No </div> | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No </div> | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No </div> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$0.00</div> | | |

| | | |
|--|--------------------|---------------------------------------|
| Fundraising Event # Date of Fundraiser 08/28/2014 | Letter a | Description Reception Event |
| Location: Street Address 124 Town Farm Rd | | City Enfield |
| | | State CT |
| | | Zip Code 06082 |
| Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input checked="" type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No </div> | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No </div> | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No </div> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$0.00</div> | | |

| | | |
|--|--------------------|---------------------------------------|
| Fundraising Event # Date of Fundraiser 09/05/2014 | Letter a | Description Reception Event |
| Location: Street Address 145 Main St | | City Somers |
| | | State CT |
| | | Zip Code 06071 |
| Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No </div> | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No </div> | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No </div> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$0.00</div> | | |

| | |
|----------------------------|---------------|
| Total of Section J1 | \$0.00 |
|----------------------------|---------------|

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Foxx For Senate | October 10 Filing - Original |
| J3. In-Kind Donations Not Considered Contributions | |

| | | | | |
|--|--|---|--|-------------------|
| Name of the Donor Jill Krawiec | | | | |
| Street Address 124 Town Farm Rd | | City Enfield | State CT | Zip Code 06082 |
| Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship | Description of Donation Wine and Cheese | | Fair Market Value of Donation \$75.00 | |
| Date Received 08/28/2014 | Event # 08282014a | Aggregate value for this event \$75.00 | | |

| | |
|----------------------------|----------------|
| Total of Section J3 | \$75.00 |
|----------------------------|----------------|

III. NONMONETARY RECEIPTS (Sections K - M)

| | |
|---------------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Foxx For Senate | October 10 Filing - Original |
| K. In-Kind Contributions | |

| | | | | |
|---|---------------|--|---------------------------------------|--|
| Name | | | | |
| Street Address | | City | State | Zip Code |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# | Yes No | Description of In-Kind Contribution | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | Yes No Executive Legislative | Fair Market Value of this Contribution |
| Type of Contributor: | Date Received | Aggregate contributions | | |
| Individual Committee Sole Proprietorship | | | | |

| | |
|---------------------------|--|
| Total of Section K | |
|---------------------------|--|

III. Non Monetary Receipts (Sections K - M)

| | | | | | |
|---|--|------------|-------|------------------------------|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| Foxx For Senate | | | | October 10 Filing - Original | |
| L. Refundable Deposit to Telephone Company | | | | | |
| Last Name of Individual | | First Name | | MI | Date Deposit Made |
| Residential Street Address | | City | State | Zip Code | Amount of Deposit |
| Name of Telephone company | | | | | |
| Street Address | | City | State | Zip Code | |
| Total of Section L | | | | | |

III. NONMONETARY RECEIPTS (Sections K - M)

| | | | | | |
|--|-------|--|----------------------|------------------------------|-------------------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Foxx For Senate | | | | October 10 Filing - Original | |
| M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48 | | | | | |
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | Purpose of Expenditure A B C D | | | |
| Total of Section M | | | | | |

IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|--|----------------------------------|--|------------------------|
| Name of Payee USPO | | Date of Payment 07/17/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>091</u> <input type="checkbox"/> Debit Card | |
| Street Address 32 Palomba Dr | | City Enfield | State CT | Zip Code 06082 |
| Purpose of Expend POST | Description 100 Stamps | | Amount \$49.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |
| Name of Payee NPG VAN | | Date of Payment 07/17/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>092</u> <input type="checkbox"/> Debit Card | |
| Street Address 1101 15th St NW Ste 500 | | City Washington | State DC | Zip Code 22102 |
| Purpose of Expend POLLS | Description Voter Information | | Amount \$450.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |
| Name of Payee The Vinci Group | | Date of Payment 07/21/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>093</u> <input type="checkbox"/> Debit Card | |
| Street Address 54 Robert Rd | | City Manchester | State CT | Zip Code 06040-5147 |
| Purpose of Expend CNSLT | Description Design of campaign logo | | Amount \$239.28 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|--|----------------------------------|--|------------------------|
| Name of Payee Staples | | Date of Payment 07/25/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>094</u> <input type="checkbox"/> Debit Card | |
| Street Address 14 Hazard Ave | | City Enfield | State CT | Zip Code 06082 |
| Purpose of Expend OFFICE | Description Name Tag, Sharpies | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$15.40 |
| Name of Payee Sage Payment Solitions | | Date of Payment 08/04/2014 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | |
| Street Address 1750 Old Meadow Rd # 300 | | City McLean | State VA | Zip Code 22102 |
| Purpose of Expend BNK | Description Credit Card Donations Fee | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$28.67 |
| Name of Payee Webster Bank N.A. | | Date of Payment 08/13/2014 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | |
| Street Address PO Box 191 | | City Waterbury | State CT | Zip Code 06720-0191 |
| Purpose of Expend BNK | Description Credit Card Donations Fee | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$26.15 |

IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|---|----------------------------------|--|-------------------|
| Name of Payee Webster Bank N.A. | | Date of Payment 08/15/2014 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | |
| Street Address PO Box 191 | | City Waterbury | State CT | Zip Code 06720 |
| Purpose of Expend BNK | Description Monthly Checking Account Fee | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$11.95 |
| Name of Payee Staples | | Date of Payment 08/15/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card | |
| Street Address 14 Hazard Ave | | City Enfield | State CT | Zip Code 06082 |
| Purpose of Expend PRNT | Description 200 Business Cards | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$36.36 |
| Name of Payee Budget Printer's | | Date of Payment 08/27/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card | |
| Street Address 1718 Park St | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend PRNT | Description Contribution Flyers | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$71.25 |

IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|--|----------------------------------|--|-------------------|
| Name of Payee Webster Bank N.A. | | Date of Payment 08/29/2014 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | |
| Street Address 32 Palomba Dr | | City Enfield | State CT | Zip Code 06082 |
| Purpose of Expend BNK | Description CMonthly Service Charge | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |
| | | | \$11.95 | |
| Name of Payee Sage Payment Solitions | | Date of Payment 09/02/2014 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | |
| Street Address 1750 Old Meadow Rd # 300 | | City McLean | State VA | Zip Code 22102 |
| Purpose of Expend BNK | Description Credit Card Donations Fee | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |
| | | | \$17.42 | |
| Name of Payee Budget Printer's | | Date of Payment 09/12/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card | |
| Street Address 1718 Park St | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend PRNT | Description Contribution Flyers | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |
| | | | \$29.78 | |

IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|------------------------------|
| Foxx For Senate | October 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|-----------------------------------|----------------------------------|--|-------------------|
| Name of Payee NPG VAN | | Date of Payment 09/12/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card | |
| Street Address 1101 15th St NW Ste 500 | | City Washington | State DC | Zip Code 20005 |
| Purpose of Expend POLLS | Description Voter Information | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$450.00 |
| Name of Payee Staples | | Date of Payment 09/12/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>105</u> <input type="checkbox"/> Debit Card | |
| Street Address 14 Hazard Ave | | City Enfield | State CT | Zip Code 06082 |
| Purpose of Expend PRNT | Description 500 Business cards | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$57.42 |
| Name of Payee USPO | | Date of Payment 09/25/2014 | Method of Payment <input checked="" type="checkbox"/> Check # <u>095</u> <input type="checkbox"/> Debit Card | |
| Street Address 32 Palomba Dr | | City Enfield | State CT | Zip Code 06082 |
| Purpose of Expend POST | Description 100 \$0.49 Stamps | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$49.00 |
| Total of Section N | | | | \$1,543.63 |

IV. EXPENDITURES (Sections N - S)

| | | | | | | |
|---|-------------|------|--|-----------------|------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | TYPE OF REPORT | |
| | | | | | October 10 Filing - Original | |
| O. Expenses Paid By Candidate | | | | | | |
| Name of Payee (Name of vendor who candidate paid directly) | | | | Date of Payment | | Is Reimbursement Claimed? Yes No |
| Street Address | | City | | State | Zip Code | Amount |
| Purpose of Expenditure (by code) | Description | | | Event # | | |
| | | | | | | |
| Total of Section O | | | | | | |

IV. EXPENDITURES (Sections N - S)

| | | | | | | |
|---|-------------|-----------|----------------------------------|--|------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | TYPE OF REPORT | |
| Foxx For Senate | | | | | October 10 Filing - Original | |
| P. Expenses Incurred on Committee Credit Card | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: <div> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other </div> | | |
| Name of Vendor | | | | | Date of Transaction | |
| Street Address | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Yes No | Expenditure # (if applicable) | Event # | | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | |
| Total of Section P | | | | | | |

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foxx For Senate

October 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor

CAROL CENSKI

Date Incurred

07/17/2014

Street Address

16 Hoover Ln

City

Enfield

State

CT

Zip Code

06082

Purpose of Expenditure
(bv code)

POST

Description

100 Stamps

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

\$49.00

Name of Creditor

Total Graphic Solutions

Date Incurred

08/26/2014

Street Address

117A W Main St

City

Plainville

State

CT

Zip Code

06062

Purpose of Expenditure
(bv code)

POST

Description

Mailing

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

\$2,121.68

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foxx For Senate

October 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor

Sign-A-Rama

Date Incurred

08/26/2014

Street Address

3 Peerless Way Unit V

City

Enfield

State

CT

Zip Code

06082

Purpose of Expenditure
(bv code)

A-SIGN

Description

Lawn Signs

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

\$1,672.50

Total of Section Q**\$3,843.18****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foxx For Senate

October 10 Filing - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant

First

MI

Date of Payment

Method of Payment

Check #

Debit Card

Secondary Payee

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Amount

Is this expenditure coordinated with another candidate for
which reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum R

Total of Section R

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foxx For Senate

October 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S